

 <b>EPA</b> United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> <b>Other</b>	OPP Identifier Number
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**Application for Pesticide – Section I**

1. Company/Product Number 4582-TU	2. EPA Product Manager Jacqueline Hardy	3. Proposed Classification  <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Sparkling Citrus Fabuloso Complete Antibacterial Multi-Purpose Cleaner	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) Colgate-Palmolive Company 300 Park Avenue New York, NY 10022  <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>64240-65</u>  Product Name <u>WC Complete</u>	

**Section – II**


<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input checked="" type="checkbox"/> Other – Explain below
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**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)  
 Application for Registration of an End-Use Product  
 PRIA Fee Category A540, Fee = \$5363.00  
 Receipt of Payment Enclosed

**Section – III**

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes"      No. per Unit Packaging wgt.      container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes"      No. per Package wgt.      container	2. Type of Container <input type="checkbox"/> Metal - <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
* <b>Certification must be submitted</b>			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container  16.9oz, 48oz, 169oz, 210oz		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

**Section – IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)		
Name Eliot Harrison	Title Agent for Colgate-Palmolive	Telephone No. (Include Area Code) 202-393-3903 x114
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received <b>(Stamped)</b>
2. Signature 	3. Title Agent for Colgate-Palmolive	
4. Typed Name Eliot Harrison	5. Date October 18, 2019	